

BY: Cheryle Rutherford-Kelly
PHONE: 966-2442

RECOMMENDED ACTION AND JUSTIFICATION:

In conjunction with our community partners, it is respectfully recommended that your Board: (1) review the state mandated Self Improvement Program; and (2) authorize the Department to submit the report to the State.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

Please see attachment.

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Please see attachment.

Financial Impact? () Yes (X) No Current FY Cost: \$

Annual Recurring Cost: \$

Budgeted In Current FY? () Yes () No () Partially Funded

Amount in Budget: \$

Additional Funding Needed: \$

Source: _____

Internal Transfer

Unanticipated Revenue 4/5's vote

Transfer Between Funds	4/5's vote
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Transfer Between Funds	_____	1/5's vote
Contingency	_____	4/5's vote

() General () Other _____ 1/55 votes

List Attachments, number pages consecutively

Board Memo (pages 1-3)

SIP Package (page 4-26)

CLERK'S USE ONLY:

Res. No.: 04-430 Ord. No. _____

Vote - Ayes: 5 Noes:

Absent: _____

Approved

☒ Minute Order Attached ☐ No Action Necessary

The foregoing instrument is a correct copy of the original on file in this office.

Date: _____

Attest: MARGIE WILLIAMS, Clerk of the Board
County of Mariposa, State of California

By: _____
Deputy

COUNTY ADMINISTRATIVE OFFICER:

☒ Requested Action Recommended

 No Opinion

Comments:

BY FILE

CAO: K-271


California's Child and Family Services Review System Improvement Plan

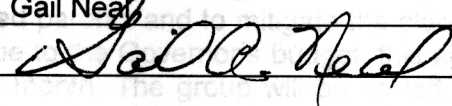
County:	Mariposa County
Responsible County Child Welfare Agency:	Cheryle Rutherford-Kelly, MSW Director of Human Services
Period of Plan:	Fiscal Year 2004/05
Period of Outcomes Data:	Fiscal Year 2002/03
Date Submitted:	September 30, 2004

County Contact Person for County System Improvement Plan

Name:	Dorothy Langworthy
Title:	Social Worker Supervisor II / CWS
Address:	5085 Bullion St. – P.O. Box 7 Mariposa, CA 95338
Phone/Email	(209) 966-2442 / LangwD@cws.state.ca.us

Submitted by each agency for the children under its care

Submitted by:	County Child Welfare Agency Director (Lead Agency)
Name:	Cheryle Rutherford-Kelly, MSW
Signature:	

Submitted by:	County Chief Probation Officer
Name:	Gail Neal
Signature:	

Key Variables in Basis of the Statistics

The most important factor in child welfare and protection is child safety. We must prevent injury and death even knowing that no system is fail safe. That is why there are case screenings and meeting with other departments on an ongoing basis.

The State required that counties analyze statistics from prior years rather than current statistics. In fact, this County looked at both. To ignore FY 03/04 statistics when they are readily available would be to ignore indicators that might help us to strengthen the system.

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Signature:	
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Name:	Gail Neal
Signature:	

Executive Summary

Three years ago (July, 2001), Mariposa County redesigned Child Welfare Service. The Department moved from an investigative approach to child abuse to a counseling model. Under this model, investigation is conducted by the Sheriff's Department and Child Welfare has responsibility for conducting systematic risk assessment and providing counseling to children and their families. The two agencies continue to work closely together towards safeguarding children.

Development of a single, integrated case plan was implemented for clients being served by two or more divisions of social services in order to avoid multiple conflicting case plans. This concept has been expanded to include other agencies working with the same clients.

After the local redesign was planned and implemented, the federal and state governments mandated (AB 636) that counties redesign their child welfare systems. In the spirit of cooperation, the County tried to use the mandate as an evaluation tool that helps to determine the degree to which the previously "redesigned" child welfare system is working. The State requirement that agencies meet to plan a redesign was redirected so that local agencies could meet to discuss and evaluate statistics and discuss the need to modify or strengthen the existing system.

Child Welfare has had group and individual meetings with department heads and the myriad of agencies that interface with Child Welfare. To meet the requirements of the state, a formal meeting was held two months ago. When agencies were asked what they would like changed in terms of the current child welfare system, no changes were requested. This is absolutely phenomenal simply because in the majority of counties there is constant conflict surrounding child welfare and protection. It is such good news that it is of concern because it means we cannot in anyway lessen the intensity of services and our efforts to work with other agencies.

The group was concerned about the lack of parenting classes that can act as a preventive measure or assist troubled parents to better understand the needs of their children. The schools will be starting a parenting class that will serve to assist parents. In addition, to serve very troubled parents and to mitigate the closure of the Mental Health Children's System of Care due to the Governor's budget, this agency will be starting an evening parenting group this month. The group will be co led by a male child welfare social worker and a female mental health clinician.

The Variables in Back of the Statistics

The most important thing in child welfare and protection is child safety. We must prevent reinjury and death even knowing that no system is fail safe. That is why there are case staffings and meetings with other departments on an ongoing basis.

The State required that counties analyze statistics from prior years rather than current statistics. In fact, this County looked at both. To ignore FY 03/04 statistics when they are readily available would be to ignore indicators that might help us to strengthen the system.

There are statistics that help to determine just how safe our children are but numbers alone do not reflect community standards. The standards for Child Welfare in this County are very high. For that reason, Mariposa County receives twice the number of referrals as the statewide average (referrals per 1000 residents under age 18 is 118.9 for Mariposa as compared to the statewide figure of 57.4). The figure does not mean that we have twice the amount of child abuse although it could easily be interpreted that way. The much more likely reason is that many of those referrals (37%) are for general neglect. This County responds to general neglect (screens calls in for service) that other counties would normally screen out. We respond to 72.6 % of all cases referred to us which means we are "screening out" 27.4%. We respond to all cases of physical abuse and molest. Generally, when counties begin to screen out (not respond) over 40% of their referrals, especially when there are indicators of physical abuse and/or sexual molest, they commence to have missing children, reinjury or worse.

This County receives approximately 33 referrals per month (405 referrals during FY 03/04). Approximately half (208 families/51%) of those referrals were substantiated (found to be true). Other referrals may be inconclusive rather than unfounded. In those situations, services are nonetheless offered to the family either from our agency or one of our community partners.

The fact that we respond to fairly lightweight general neglect (37% of the total referrals) throws our statistics off in another arena. We appear to have a higher rate of recurrence of child maltreatment than the state average. However, when we looked at every single case of recurrence, it was general neglect being reported a second time (house/yard get messy again) and a case that has divorced parents accusing one another of every child crime imaginable. We did not have recurrence of child physical abuse and molest and, if we did, then our system would need rapid overhaul and correction.

Over the past six months, we have tried to serve more families in a prevention mode (family preservation) rapidly transferring the emergency response case to an ongoing counselor. We hope to assist the family before the situation warrants removal and Court intervention. With Alcohol and Drug now under Human Services, joint case work must intensify and such efforts commenced last month.

Risk Assessment / Staffing Pattern

We continue to use systematic risk assessment at every critical decision point in child welfare (when to remove the child, what to recommend to the Court in terms of continued foster care, adoption or return to the care taker/parent).

We have all master level counselors in Child Welfare with one exception. That person is in his second year of graduate school. The supervisor of the unit holds a master degree in psychology and is a registered nurse. Cases are staffed with the supervisor. We have put into place every safeguard in the industry; the Board of Supervisors has approved a higher level of staff than is the norm with lower caseloads to allow sufficient time and monitoring. And still, we worry about the welfare and safety of the children who come to our attention. The County will continue to evaluate and monitor the existing system. It will conduct such evaluation without federal and state requirements; just as it redesigned the entire Child Welfare System without any demand or special funding to do so. The County's commitment to its children is extremely high.

Participants/Individuals Who Provided Input for the SAP and SIP
Individual and Group Meetings

- Nancy Bell, Deputy Director of Social Services
- Captain Doug Binnewies, Mariposa County Sheriff's Office
- Iris Chynoweth, SW IV, Emergency Response Worker
- Cathie Collier, Executive Director of Mariposa Safe Families
(Child Abuse Prevention Council)
- Steve Dahlem, Attorney at Law, Children's Counsel
- Pat Fithian, Special Education Director,
(Mariposa County Unified School System)
- Rosalie Gutierrez, MSW, Supervisor California State Adoptions Agency,
Fresno, CA
- Stephanie Holland, Attorney at Law, Executive Director of CASA
- Bryce Johnson, Deputy Chief Probation Officer
- Marna Klinkhammer, PHN, Lead Public Health Nurse;
(Mariposa County Health Department)
- Chevon Kothari, MSW, Executive Director Mountain Crisis
(Domestic Violence Prevention Agency)
- Tom LaGrave, Jr., SW IV, On-going Social Worker, ILP Coordinator
- Dorothy Langworthy, RN, MS, Social Worker Supervisor II of
Mariposa County Child Welfare
- John Lawless, MSW, LCSW, Deputy Director of Behavioral Health
- John Phillips, MA, PPS, Alcohol and Drug Program Supervisor
- Connie Pierce, Deputy Probation Officer II
- Cheryle Rutherford-Kelly, MSW, Director of Human Services
- David Smothers, Attorney at Law; Public Defender
- Judy Taege, MSW, California State Adoptions Agency
- Judge F. Dana Walton, Presiding Judge

Purpose of the County System Improvement Plan

The County System Improvement Plan (County SIP) is the third component of the California Child and Family Services Review (C-CSFR). This will be updated on an annual basis. It is the operational agreement between the County and the State outlining how the County will improve its system of care for children and youth. It forms an important part of the system for reporting the progress toward meeting agreed upon improvement goals using the C-CSFR outcomes and indicators provided by the State. The SIP focuses on outcomes.

No statewide standards are yet determined. Future data over the next few years will allow the development of these standards. Established compliance thresholds for each outcome indicator will determine a county's performance. This is the baseline year and comparisons of performance are made against the County's own self-assessment. Technical assistance and training will be provided where needed.

The development of the SIP is made in collaboration with local partners. These partners were contacted for the development of the Self-Assessment Plan (SAP). Other service plans are cross-referenced to indicate the collaboration within Social Services units and agency partners.

This County redesigned its Child Welfare System three years ago. In reality, Mariposa County voluntarily did what other counties are now mandated to accomplish. Therefore, many mandated redesign activities in Mariposa County were actually reviewing the already redesigned system to strengthen it.

I. Identify Local Planning Bodies

Purpose: Collaborative and planning relationships within the County were well established prior to the development and requirements of the SAP. The myriad of departments that interface with Child Welfare Services (CWS), also sit on other human services committees such as the Juvenile Justice Commission, Child Death Review Committee and Domestic Violence Program.

Law Enforcement

There is an extremely close working relationship between Human Services and Law Enforcement. That is especially true in relation to children and families who need both the Sheriff and Child Welfare to assist them during times of severe difficulties.

Probation

The two agencies that serve children in out-of-home care, Probation and Welfare, have a very positive working relationship. Mariposa County has enjoyed a long-standing cooperative relationship in their service to Mariposa County youth in both the Child Welfare and Probation systems. Child Welfare assists the Probation Department with family services, placements, and the financial eligibility requirements for placement that the foster care system requires of Probation placements. The Probation Department often assists Child Welfare workers with youth who are appearing on the threshold of moving from the child welfare system to probation. Probation officers meeting with these juveniles can provide a deterrent to escalation of out-of-control and criminal behaviors.

Mariposa County Child Welfare and the Probation Department are exploring joint educational programs to assist all Mariposa youth to be better prepared for adulthood; not only those who are served by the two agencies, but the community youth as a whole, by educating them to life skills and the laws that apply to them so they can understand those issues to which they are held accountable, prior to disobedience of the law. The Probation Department is planning to be an active participant in the Independent Living Program (ILP) that is managed by Child Welfare for all foster youth ages 16-18.

Court Appointed Special Advocates (CASA)

Mariposa County has recently embraced the foundation and services of CASA. Trained CASA workers will be assigned to child welfare children. These workers can provide mentorship and assist social workers by being an extra set of eyes for observation of the services being provided by the foster parents, social workers, schools, and service providers. The Child Welfare Supervisor was invited by the judicial parties to be a part of the planning committee. This helped to set the stage for cooperative and collaborative services by embracing the same goals. CASA programs have a very mixed reputation statewide and the program will be carefully monitored in Mariposa County by the Presiding Judge and Child Welfare.

System

Mariposa County Child Welfare has a well-established relationship with the county school system and school personnel in all the schools, providing Mandated Reporter training upon request. The Child Welfare social workers attend Individual Educational Plan (IEP) meetings, student study teams, and consult with the child's teacher and school counselor.

Mariposa County Child Welfare has a long-standing protocol of referring all children under the age of three who come into the system for the Early Start evaluations. This program is a contract program of the Mariposa Unified School System. Children referred to this program receive an assessment of child growth and development markers and intensive treatment is provided when the assessment indicates a need. Mariposa Child Welfare is cognizant of early childhood research and the critical timeframes for physical, neurological, and emotional development that can only find compensation if not provided at these critical developmental stages.

There is a Memorandum of Understanding (MOU) in effect between Child Welfare and the schools regarding AB 490 and the removal of children from their homes during a school semester. Also addressed is the need for tutoring of foster youth. This need is expected to be met through the school district's Foster Youth Services program.

A school representative served on the Children's System of Care policy board. Although that program was defunded a month ago, the school continues to assist with planning to mitigate those services lost to the greatest degree possible.

Foster Parents and the Foster Parent Association and Foster Care Licensing

A Child Welfare Social Worker is assigned to attend the Foster Parents' once a month meeting, which consists of a dinner and training for foster parents. This is done on a rotating basis so all social workers and foster parents can become acquainted on an informal basis and a social worker will be present to answer questions and disseminate current information. The trainings are planned by the Foster Care Licensing Worker.

Yosemite National Park

As a large part of Yosemite is within Mariposa County, our child welfare workers respond to the child welfare needs of those visiting and living in the park area. A Mariposa law enforcement officer is assigned to that part of the county and there is a close alliance between the park rangers and the county Sheriff's Office. Our Child Welfare Unit works with both of these law enforcement agencies. Approximately 35 percent of the child welfare referrals come to the unit from law enforcement. Cross-reporting protocol between the two agencies is diligently followed.

Safe Families, the Child Abuse Council

Mariposa Safe Families is the Child Abuse Prevention Council for the county. A Child Welfare Social worker is on the board of this agency serving as liaison between Child Welfare and the Council. Child Welfare has always taken an active role in this Council. Communication is effective. All agencies participate in the Safe in Mariposa Children's Fair every April during Child Abuse Prevention Month.

Public Health

Mariposa County has a close working relationship with the County Health Department. There is an MOU with the Health Department for the services of a Child Health and Disability Program (CHDP) public health nurse for foster youth. This person spends one day a week in the child welfare unit working with social workers and foster parents. The Supervisor of the Child Welfare unit is a registered nurse with an MS in counseling psychology and this has fostered good communication between the agencies. Referrals are often made to the Maternal and Child Health Nurse and joint home visits are made for newborns that may be at risk or are medically fragile. Referrals are made between the two agencies on a regular basis in order to provide coordinated services. The lead Public Health Nurse has suggested that family planning and prenatal education become a part of the ILP life skills training. This will be added to the agenda.

Legal

Input and suggestions for improvement were sought from the Children's Counsel and the Public Defender for the SAP and SIP. Mariposa Child Welfare has contracted private Counsel.

Mental Health

Mental Health is now under the same directorship as Child Welfare. This is a new arrangement and it is expected that increased communication will be fostered under this umbrella. For some time there has been collaboration of case plans and treatment plans in order for needs and services to be assessed and met and to avoid duplication and excessive demands upon the clients. In September of 2004, a joint group for very troubled parents will be conducted by Mental Health and Child Welfare. This group was designed based upon the closure of Children's System of Care and it was the only request for improved services from the community partners (see page 2).

Input from the Alcohol and Drug unit was gathered for planning improvement of re-entry into the child welfare system due to relapse in recovery. Closer collaboration, services, and support will be offered to clients during these critical time periods. Joint assessment of the stability of the recovery will help prevent premature reunification.

Social Services

All units of Social Services: Child Welfare, CalWORKs, Housing and Community action, energy assistance, and Eligibility, make use of internal referrals, information sharing, compilation of single case plans, the assessment of needs and service provision in a coordinated and collaborative manner. This process is well established. Monthly meetings between CalWORKs and Child Welfare social workers are currently in place. Joint cases and their needs and improvement in services are discussed and planned. This began with individual workers meeting regarding their mutual clients. It has now advanced to meetings of all partners working with the same clients for an integrated single case plan for the client. These meetings are to commence next month. Weekly management meetings of all units provide the opportunity for unit managers to be aware of the cross-unit work and planning.

In addition, consultation with California State Adoptions resulted in a plan for earlier referrals to the Adoption Agency in order for them to assist Child Welfare in concurrent planning and assessment of adoptive homes and families.

The Regional Academy Coordinator was consulted and requests were made for additional training programs to assist the staff in meeting improvement goals. The Domestic Violence Agency and Child Welfare are actively planning response and treatment teams for those families where domestic violence is an issue and children are affected. The Supervisor of the Child Welfare unit is an active participant on the Domestic Violence Coordinating Council and giving input into programs for treatment.

Input from the Juvenile Court Judge and the Superior Court Judge is always welcome and is available through our private counsel.

2. Share Findings that Support Qualitative Change

Purpose: Data Collection: Tracking of reporting parties and type of allegations for repeat referrals were assessed. The method of recording duplicate referrals was also evaluated. A consistent policy of inputting data into CWS and evaluating out the referral, when the allegation and incident are the same, has been established. It was discovered that the general neglect allegation is the primary one (99 percent) for repeated referrals. The unit's referral log spread sheet was the tool used to obtain this data along with consultation with the primary response worker and supervisor and the Business Objects system. In our small county these families become familiar to us. Technical assistance was sought for training social workers on the proper inputting of data into the Child Welfare Services / Case Management System (CWS/CMS) computer system in the manner in which it could be properly accessed by the Berkeley team for data collection.

Recurrence and General Neglect

There is little doubt that the community standards for children plays a large part in Child Welfare responding to cases of general neglect that would be 'screened out' in a larger county. Life style plays a large part in repeated referrals. These referrals are made, in large, by family members and school personnel. The community expects a response from child welfare for these referrals. The unit attempts to help the family clean-up the premises by offering community resources and referrals. The family may do well for a limited amount of time, but sooner or later revert to a "don't care attitude" in regards to housekeeping and outside areas. Families and neighbors will repeat the referral when this happens. Where safety and health are at risk, the family is offered services. Where

it is extreme, the children are removed and the family counseled and educated to meet the needs of the children.

Mariposa County has consistently evaluated the recurrence factor (far beyond the dates mandated by the State in terms of this review). The reason for that is, of course, to be sure that children are not being reinjured and that services are at the level the family needs to make change. Each and every case of recurrence was reviewed with our Director (a former child welfare consultant) in terms of child safety. What we found were cases of general neglect without threats to the safety of the child and, in one case, multiple referrals between parents who have separated and are angry at one another. As noted previously, the agency does respond to general neglect as well as absent parent allegations of abuse, even when those allegations might be made in anger rather than in real concern for the welfare of their child.

Law Enforcement Referrals

Law enforcement referrals are generally those following a family altercation where children may have been present or involved, or where criminal activity involving children has been reported to that agency. Domestic violence in the presence of children is cross-reported to child welfare as emotional abuse.

Reported maltreatment of children who were left in their home and not detained are, primarily, voluntary family maintenance cases. Parents are offered services, after repeated referrals, where the circumstances do not warrant filing a petition. However the family is offered services in the hope that they can improve their life style and provide a healthier, more stable home for themselves and their children. These cases were assessed as to what services were offered, if the family is refusing services, and what is their interpretation of the case plan. What kind of participation was there on the part of the families for whom voluntary services were initiated, did parents participate in and agree to a case plan? Did they give input? What was the allegation, what part did life style play in the referral of general neglect, were basic needs being met, and what services to community resources were made? Was there serious neglect affecting the health and safety of children? If there were, these children were removed and a petition was filed and reunification services were offered.

Because Mariposa County has such small figures, it is easy to identify reentry clients. Social worker staffing of these cases and analysis revealed that drugs and alcohol played a large part, especially in general neglect cases. Parents who attended residential treatment programs relapsed during recovery, severely enough to necessitate reentry into the system. Improvement methods will involve closer collaboration and communication with the alcohol and drug counselor in order to jointly assess the stability of recovery before reunification. Reentry often results in adoption, especially if the children are very young.

Failed guardianships sometimes happen when the child becomes a teen, and out of control behavior develops. Ongoing support for relative and guardian caretakers is being planned. An open-ended support group is being planned for this population of caretakers who may come to the meeting with their problem of the moment, and find support and guidance from licensed facilitators. One other reentry was on a happy note, where a greater degree of permanency was accomplished. A non-related guardian and the child opted for adoption. In order to accomplish this, a new petition and dependency was necessary. This child has since had adoption finalized. These were recent reentries.

For the reporting period of 07/01/2000 to 6/30/2001 three reentries were identified, one was drug related, one was a failed probate adoption that was transferred to our county but ended on a happy note with the youth receiving vocational training as the youth could not graduate by the age of 19. There was also successful placement with an older sibling with the older sibling receiving Emancipated Youth Services (EYS). The other was a minor parent who re-entered the system and subsequently was transferred to probation.

Of the children who required a higher level of care after family maintenance was attempted, consideration of the time of reunification, stabilization of the parent in recovery, and support system for continued recovery has been assessed. Closer collaboration with the recovery service providers, the establishment of sponsors and support systems for these parents is being considered as well as providing respite care during the early stages of reunification as a measure to maintain reunification and stabilize recovery.

It was discovered that social workers had not been properly trained on the data entry that was required for the outcome measure indicators. At the same time the data collection was also being refined. Revisions of the data collection results indicated that the initial data was not complete. Technical assistance was sought for the social workers for the proper input so that the data collection could give a truer picture of the services and social work that was actually being done. As these two processes have come together, the data is more positive. New social workers are now on staff and they will receive intensive training in the area of data input for outcome measures.

Data clean-up is continuing to be affected with proper training of new staff, taking advantage of on site training as well as that offered in nearby counties. Spread sheets and logs have been developed by the unit to assess on a daily basis the number of repeated referrals coming into the department, the seriousness and risk of these referrals, and services to be provided. Referrals are being closed in a timely manner and case components closely monitored for accuracy by quality control measures initiated by the unit manager.

Close attention is being given to those areas where Mariposa Child Welfare is doing well in order not to lose quality in these areas while others are being emphasized. Timely social worker visits and emergency response, placement with relatives for concurrent planning and early permanency, placement with siblings, maintaining family contact, early adoption, and Indian Child Welfare Act (ICWA) involvement, will continue to be a strong focus. Repeated referrals will be monitored for allegation, seriousness, and risk, recurrence of maltreatment both in and out of the home, will be closely monitored with action taken when the risk indicates further action. Support for recovery clients will be strengthened in order to prevent reentry into the foster care system. Expanded services for youth in the ILP program will include a mentoring program, Planned Parenthood education, and laws affecting the youth, upon attaining majority, will be addressed along with basic life skills for living on their own.

It is well to note that Mariposa Child Welfare began its own redesign in 2001, with master's level staff providing in-depth counseling to children and families and initiating single case plans with all units and agencies working with the CWS clientele. More front-end services are being offered with the intent that these services may prevent escalation and risk.

3. Attach summary Assessment (Sect V) of the Self-Assessment.

SUMMARY ASSESSMENT

OUTCOMES

1. Children are, first and foremost, protected from abuse and neglect.
2. Children are maintained safely in their homes whenever possible and appropriate.
3. Children have permanency and stability in their living situations without increasing reentry to foster care.
4. The family relationships and connections of the children served by the CWS will be preserved, as appropriate.
5. Children receive services adequate to their physical, emotional and mental health needs.
6. Children receive services appropriate to their educational needs.
7. Families have enhanced capacity to provide for their children's needs.
8. Youth emancipating from foster care are prepared to transition to adulthood.

A. Discussion of System Strengths and Areas Needing Improvements

Mariposa County began its own reorganization and redesign of Child Welfare Services in 2001. The Board of Supervisors approved a move away from an investigative model to a counseling model that utilized systematic risk assessment. The department was requested to hire only master level social workers, offering those social workers supervision for licensing hours, and preparing them for in-depth counseling to families and to abused and molested children. This system was possible due to the enormous support offered by the Sheriff's Department. They prefer to focus on investigation while Child Welfare conducts systematic risk assessment.

Throughout the United States, children and families do not receive the level of service needed to break the cycles of severe physical abuse and neglect. The mental health system is over burdened attempting to serve the severely mentally ill. This resulted in a lack of in-depth counseling services to families experiencing maltreatment issues. In Mariposa, the redesign was to augment the overloaded mental health system that could not meet the needs of child welfare families and children, especially at the moment of crisis. In addition, an intensive program of foster parent recruitment, education, and training was planned to better meet the needs of children in Mariposa County so that those children who needed placement could be kept in their community, in their school, and where reunification services could more readily be provided.

Development of a single, integrated case plan was implemented for clients being served by two or more divisions of social services in order to avoid multiple conflicting case plans. This concept has been expanded to include other agencies working with the same clients.

The investigative model was replaced by consensus risk assessment and a service oriented counseling approach at first contact, replacing any adversarial law enforcement approach that stigmatizes child welfare. Consensus risk assessment in child

welfare/protection was linked to Mental Health and Alcohol and Drug by assessing the degree of risk at intake and at the 6-month review period and at case closure.

Statistics provided indicate a large number of referrals per 1000 residents under age 18, 118.9 for Mariposa as compared to the statewide figure of 57.4. This is due in part to the small county visibility when abuse is present and the diligent reporting of mandated reporters as well as the expectations of the community. Only a very complex research study would be able to determine whether Mariposa has more child maltreatment than the rest of the state or if reporting is, as suspected, due to the fact that mandated reporters often know one another and the community is deeply committed to its children. The only way this number could be reduced would seem to be by community education of the issues of child growth and development, parenting, and proper care of children to meet and understand their needs, both physical and emotional. A community collaborative is proposing a Family Resource Center where workshops and classes could be offered to the community as a whole, not just to child welfare clients, so that clients would not be singled-out and stigmatized. However, we do not intend to encourage people not to report abuse as it could place children at extremely high risk.

To look at statistical measures by percentages only, does not present a true picture of Mariposa County. Due to the small population, the difference of a few numbers can skew the percentages to appear unrealistic. Mariposa County ranks percentage wise on the same poverty level as the state as a whole, however child welfare clients rank at or below the poverty level, giving more evidence of the link between poverty and abuse. However, when dealing with small numbers, especially when looking at the total population rather than a random sample, one or two cases can throw the distribution and the mean. That is why case staffing with workers and the director take place to determine whether one or two cases warrant system correction and redesign.

Mariposa County Child Welfare ranks appropriately (90.9 percent, for immediate and 97.6 percent for 10-day response times) for timely response of referrals and for monthly visits, above 90 percent. The reentry clients that look like a large number were two parents of two children each who were in residential programs, one with their children and the other not. These two parents relapsing in their alcohol and drug treatment / recovery raise the percentage. This allows the unit to look more closely at the goal of early reunification vs. that of being assured of the stabilization; to attempt to reunify at 12 months as opposed to 18 may cause more reentries back into the system, especially for those families where alcohol and drug treatment/recovery programs are an issue.

Mariposa County Child Welfare is doing well with concurrent placement, placing with relatives (35 percent) as early as possible, placing in the least restrictive setting and increasing the level of care only where the child's needs indicate a change (Table 4 B), placing ICWA clients with Indian relatives where they are available (Table 4 E) and placing siblings together when possible (Table 4 A). Adoptions are being finalized within appropriate time frames when children cannot be reunified. These measures have been an ongoing goal for the unit.

Reentries will be examined for improvement and addressed in the SIP, along with recurrence of maltreatment. Another area of concern is better preparation of teens transitioning to adulthood. A mentoring program is being planned for our next year's ILP class. Community education for appropriate parenting and expectations might decrease the rate of first time entries. Tracking methods to have current ongoing information on progress and outcomes immediately accessible are being developed.

B. Areas for further exploration through the Peer Quality Case Review

- Sharing those things that Mariposa does well
- Learning what is working for other counties
- Comparisons among small counties
- Networking with other counties

It is extremely important to note that the community partners (see page 2) do not want the existing child welfare system changed. They want additional auxiliary services, such as more parenting groups. Although the department wishes to continue to strengthen the system and must comply with this mandate due to financial implications, the system redesigned three years ago has community support and, to date, there have been no children on the CWS caseloads that have been reinjured due to physical abuse or sexual molest. That is the area of greatest concern to our community partners, our Board of Supervisors and the agency. We want our focus to stay on protecting these children and not on redesign efforts that this County made years before it was required of all counties.

Outcome Measures 1A and 1B: Recurrence of Maltreatment is addressed on the SIP template. Self-Analysis indicated that repeated referrals were being assessed as substantiated or inconclusive for general neglect. These were for families for whom cleanliness and order have no value and are not an issue. Neighbors may have complained about debris and trash on the property. Families may have complained about poor housekeeping habits. Discussion with the response worker also brought out that these families were resistant to services. They might accept vouchers for yard clean-up and dump passes, might clean up the house and yard temporarily, however in a few months the same referral would be made again, usually by the same source.

In some cases, eyeglasses or dental appointments need to be made. Referrals for care were made and monitored for follow-up to insure these services were obtained. This is a service not always provided in larger counties. Community resources were accessed for those families experiencing general neglect. Referrals were made to our community partners, including Public Health, Environmental Health and the private medical providers. Families were given assistance in making appointments, and transportation was provided when needed. Still these same families continue to come to our attention months down the road, usually by school personnel, family and neighbors. Social workers assess underlying issues such as depression or drug/alcohol abuse that may lead to abuse/neglect issues. Referrals and recommendations are made. Without sufficient evidence of these issues, little can be done to coerce compliance. The minimum standard of care is assessed within the community standards and expectations. In those cases where sanitation problems are extreme and when the health and safety of children are at risk, court ordered family maintenance is filed, and if the risk is extreme, the children are removed and reunification services offered.

Outcome/Systemic Factor: Outcome Measure 1A and 1B: Recurrence of Maltreatment (Fed) within 6 months Recurrence of Maltreatment (State) within 12 months Recurrence of Maltreatment after <i>first</i> sub referral					
County's Current Performance: Recurrence of Maltreatment (Fed) within 6 months Performance 23.7% (7/1/02 – 12/31/02) Recurrence of Maltreatment (State) within 12 months Performance 21.5% (7/1/01 – 6/30/02) Recurrence of Maltreatment after <i>first</i> sub referral Performance 16.5% (7/1/01 - 6/30/02)					
Improvement Goal 1.0 To decrease recurrence of Maltreatment by 2.5% by June 30, 2005					
Strategy 1. 1 Track severity of allegations, most repeats are general neglect			Strategy Rationale Many general neglect allegations meet the minimal standard of care, families refuse services, accept temporary assistance, but do not want continued CWS involvement		
Milestone	1.1.1 Continued tracking of allegation	Timeframe	Beginning immediately (already in progress)	Assigned to	To be entered on referral log Intake worker to enter
	1.1.2 To be entered on referral log		Present referral log established July 2002		Response worker to continue to maintain spread sheet log with allegation, and data entry into CWS/CMS
	1.1.3 Develop a parent education model for General Neglect: Define “minimal level of care” as interpreted for Mariposa County.		Begin development of work book for families that addresses these issues To be completed by 12/31/04		Can be implemented by response worker during the 30 days ER is open

Strategy 1. 2 If trend is correct, make greater use of “substantial risk allegation”			Strategy Rationale If home and situation meets the “minimal standard” this will not tabulate, if allegation needs to be increased, this can be done at assessment and response time. Sort out severity and cases that need to be counted in percentage for accurate portrayal		
Milestone	1.2.1.Supervisor, intake worker, and response worker to coordinate and monitor allegations	Timeframe	Immediate and on going (already in progress)	Assigned to	Supervisor/ intake worker/ response worker
	1.2.2 Train new workers on intake of referrals and data input into CWS/CMS		Schedule CWS/CMS training All new workers to complete New Users Training on CWS/CMS by 12/31/04		Regional Training Coordinator to arrange training with SWS
	1.2.3 Develop consistent method of Evaluation Out Response for duplicate referrals		Already in progress Began May 2004		Supervisor and child welfare staff along with CWS/CMS trainer
Strategy 1. 3 Request assistance from RTA regarding clarification of the expected improvement from which statistic and time frame and by what timeframe.			Strategy Rationale ¹ Statistics given in baseline to be used are outdated and the current trends are being tracked in the agency		
Milestone	1.3.1 Clarification and assistance needed	Timeframe	Email sent to RTA 08/17/04	Assigned to	Supervisor
	1.3.2				
	1.3.3				
Notes: There are no repeated referrals for severe physical or sexual allegations that are substantiated. These are handled as necessary at first response. Repeated referrals do occur for suspected emotional abuse, however these are difficult to prove and more difficult to take to court. Appropriate referrals for counseling, domestic violence support and education, and allied services are recommended. If these become severe enough to take action, it is taken. Voluntary services are offered to help in the initial phases before the situation escalates. In some cases clients still refuse services, not wanting CWS involvement in their lives. Ours is a community of strong-minded independent individuals as well as high expectations for child welfare by reporting parties. Education is often provided to reporting parties as to what is a child welfare issue and just how much the agency can do about the situation.					

Improvement Goal 2.0 2A Recurrence of abuse and/or neglect in homes where Children Were Not Removed No time period was given for the 12.5% Rate of recurrence for children left in their homes and receiving services.					
Goal: To decrease rate of maltreatment in homes where children were not removed from 12.5% to 11.5% by 06/30/05					
Strategy 2.1 Assess VFM cases left in their homes during FY 2003-2004				Strategy Rationale ¹ To obtain most current baseline data	
Milestone	2.1.1 Review case plans for FY 2003-2004	Timeframe	2 months – by October 30, 2004	Assigned to	On going case workers on their own cases when possible (turn over may prevent)
	2.1.2 Training on Case Plans using family and child involvement with family meetings when opening new VFM cases. Collaboration with other units and agencies who may be offering services.		3 months- by November 30,2004		Staff meeting discussion and review of protocol/training by supervisor
	2.1.3 Follow up to see that Case Plan is properly documented and signed by participating parties		Case by case as opened-begin Immediately		Supervisor
Strategy 2.2 Response worker to offer services at 1 st repeated allegation within 6 months			Strategy Rationale ¹ More front end services offered sooner may result in more lasting behavioral changes		
Milestone	2.2.1 Schedule “Engaging Families” training for staff as need is determined (new workers and on going caseworkers as needed)	Timeframe	When available	Assigned to	Supervisor
	2.2.2 Request Academy Training Coordinator to locate needed training.		To be requested immediately Immediately (has been done).		Supervisor
	2.2.3 To assist social workers to gain input and participation of participants so they will feel more involved and more likely to comply with case plan.		To begin protocol immediately and follow up with training when available.		Supervisor

Strategy 2.3 Offer more voluntary cases.			Strategy Rationale ¹ Offering more short term services and tracking to see if this results in sustained improvement and fewer referrals		
Milestone	2.3.1 Response worker to offer services at 1st repeated referral within 6 months for same allegation.	Timeframe	Begin tracking and offering services as caseloads allow-immediately.	Assigned to	Supervisor and Response Worker
Describe systemic changes needed to further support the improvement goal. Development of protocol for opening voluntary cases, number and severity of allegations and nature of abuse/neglect					
Describe educational/training needs (including technical assistance) to achieve the improvement goals. Training of staff for engagement of family participants to obtain better motivation and follow through compliance with goals/social workers to continue in depth counseling and to facilitate family meetings where families sets their own goals and commit to work on them. Follow up at family meetings					
Identify roles of the other partners in achieving the improvement goals. Referrals to allied agencies who offer needed services, social worker to monitor follow through and seek assistance of providers					
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals. Consistency of methods of inputting referrals, i.e. duplicate reports so that data collected is correct and reveals accurate findings					

Outcome/Systemic Factor: Rate of Foster Care Re-entry					
County's Current Performance:					
Federal (7/1/02-6/30/03)		6.5%	State (7/1/2000-6/30/01)		Re-entry within 12 months 23.1%
Improvement Goal 1.0					
Analyze case by case re-entries and lessen percentage rate by 2%					
Strategy 1. 1 Determine underlying cause of re-entry			Strategy Rationale¹ We have small numbers of re-entry, however based on number re-entering foster care, small numbers can produce large percentage.		
SW	1.1.1 Assess re-entry cause of past re-entries	Timeframe	Immediate/completed	Assigned to	Supervisor
	1.1.2 Use information on re-entries to strategize for improvement		When parents enter a residential program and/or outpatient treatment for substance abuse Case by case issue		Social worker and supervisor
	1.1.3 Social worker to work more closely with substance abuse counselor		Case by case issue		Social worker and supervisor

Strategy 1. 2 Balance early reunification with need for stabilizing Recovery				Strategy Rationale Reunifying too soon before support and recovery treatment is well established	
Milestone	1.2.1. Involve family and friends for support system prior to outpatient recovery program	Timeframe	As soon as patient enters treatment (Beginning immediately with new cases on case by case basis)	Assigned to	Jointly: social worker and substance abuse counselor Joint consultation with residential program treatment staff
	1.2.2 Family meetings included in case plan when appropriate		Case by case assessment		Social worker and substance abuse counselor
	1.2.3 Single case plan worked out with client and all agencies providing support		Single case plan established at entry to treatment, adjusted regularly		Social Worker and representatives from all agencies providing services
Strategy 1. 3 Provide closer collaboration, support, and services during early stages of recovery			Strategy Rationale ¹ Help to break former cycles of contact when returning to the community Help to change established responses to life challenges		
Milestone	1.3.1 Social worker to have contact with substance abuse counselor, be involved in Recovery support	Timeframe	Case by case assessment when the client returns to the community	Assigned to	Social worker and substance abuse counselor
	1.3.2 Assess need for respite care to avoid client becoming overwhelmed		ongoing in individual cases		Social worker and substance abuse counselor
	1.3.3 Frequent monitoring and assessment of needs when children are returned to the family		ongoing in individual cases		Social worker and substance abuse counselor
Notes: By initiating early support for client with family involvement prior to residential treatment and by providing early support to the client when client returns to community, cycles of contact may be diminished. Closer collaboration with substance abuse counselors can assist in determining a safe time for reunifying children with client. Assessing stability of recovery, providing respite care, and encouraging family support to strengthen the recovering client is expected to affect permanency of reunification.					

<p>Outcome/Systemic Factor:</p> <p>Family Services and the Juvenile Probation Department are planning a mentorship program for the Independent Living Program, for Child Welfare youth and Probation youth, to identify trusted caring, and committed adults to serve as a permanency resource and to participate in planning for the youth’s future. Caring committed adults might include:</p> <ul style="list-style-type: none">a. family members (not only the youth’s parents, but extended family members such as grandparents, older siblings, aunts, uncles, cousins, godparents),b. current and former foster parents, or siblings’ foster or adoptive parents,c. current and former neighbors,d. parents of close friends,e. collaborative agency staff, group home staff and child care staff,f. teachers, coaches, and adult acquaintances from school, work, summer camp, church and after-school activities,g. other responsible adults whom the young person trusts or with whom the young person feels or may have felt safe.
<p>County’s Current Performance:</p> <p>Mariposa County Child Welfare Services and the Juvenile Probation Department plan to initiate a mentoring program for ILP youth.</p>
<p>Improvement Goal 1.0</p> <p>To create and implement a mentor/mentee program for the ILP youth in collaboration with Child Welfare Services and the Juvenile Probation Department.</p>

Strategy 1. 1 Introduction and discussion of issue / importance of mentoring and outcome measures should be established.		Strategy Rationale² Research has demonstrated that effective mentoring is essential to life-skills development and career advancement. Mentoring relationships can serve as an invaluable channel of information and other intangibles for mentees and their personal success.		
1.1.1 Structure Program	Timeframe	Planning Meeting to be held by October 30, 2004	Assigned to	Social Worker Supervisor/Social Worker and Deputy Chief Probation Officer/Deputy Probation Officer
1.1.2 Establish short term / long term goals		At planning meeting		Social Worker Supervisor/Social Worker and Deputy Chief Probation Officer/ Deputy Probation Officer
1.1.3 Create evaluation measures		At planning meeting		Social Worker Supervisor/Social Worker and Deputy Chief Probation Officer/Deputy Probation Officer
Strategy 1. 2 Mission and objectives of program, i.e. – increasing % of mentors from a variety of professional positions or retirees by a specific number (one for each ILP youth). Incorporating and fostering on-going mentoring efforts through the collaborative agencies and county, while attracting high quality individuals to the program.		Strategy Rationale¹ The project to receive endorsement through the collaborative efforts of the Director of Human Services and Behavioral Health and the Chief Probation Officer. An institutional statement endorsing and encouraging individuals to mentor Independent Living Program Youth, when issued and reiterated establishes credibility for the program. Use SCOPE Volunteers from the Mariposa County Sheriff's Office – all necessary documentation in place, i.e. criminal background record and character check		

Milestone	1.2.1. Define characteristics and responsibilities of mentors	Timeframe	To be completed by October 30, 2004 at planning meeting	Assigned to	Social Worker and Deputy Probation Officer
	1.2.2 Develop training process and train those interested in serving as mentors		On going--Begin by October 30, 2004		Social Worker and Deputy Probation Officer
	1.2.3 Mentors to Demonstrate their ability and commitment to interact with youth		To be determined by interview and training by December 31, 2004		Social Worker and Deputy Probation Officer
Strategy 1. 3 Individuals (male and female) need to be identified throughout the county who can act as mentors or resource advisors			Strategy Rationale ¹ Mentors can help a mentee formulate his/her own specific goals, dreams, and aspirations, while bringing aged wisdom to the interactive dynamic.		
Milestone	1.3.1 Locate and contact individuals/groups to act as mentors (SCOPE Volunteers for Sheriff's Office).	Timeframe	Begin search immediately after planning meeting October 30, 2004	Assigned to	Social Worker and Deputy Probation Officer
	1.3.2 Develop the matching process-formation of mentor/mentee partnership.		Male to male, female to female] Case by Case Decision		Social Worker and Deputy Probation Officer
	1.3.3 Development of a written contract/agreement between mentor/mentee.		At assignment and matching of mentor and mentee		Social Worker and Deputy Probation Officer

Notes:

Evaluation is an essential part of any program. It assesses the positive and negative components of the program and allows for improvements. The following two types of evaluations should be performed to measure the success of the program goals and objectives:

1) Quantitative evaluation of objective measures; and 2) Qualitative evaluation of subjective measures.

1. Quantitative Evaluation – Number of participants served
Child Welfare Services and the Probation Department should assess whether goals and objectives were reached.

2. Qualitative Evaluation
This can be performed in a number of ways; two common tools are surveys and group discussions. Whatever the method, the evaluations might include questions that measure aspects such as:

- a. Mentee satisfaction with the process;
- b. Mentor satisfaction with the process;
- c. The extent to which any planned programs were helpful.

The extent to which training materials and other mentoring tools provided by Family Services and Probation Department were helpful, etc.